PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	ENTITY	OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIMS		22			}		RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		. NUMBER EXTRA		1	BASIC FE	₹ 385.00	OR	BASIC FEE	770.00
τc	TAL CHARGE	ABLE CLAIMS	22 minus 20=		• .	2		X\$ 9=		OR	X\$18=	36
IN	EPENDENT C	LAIMS	3 minus 3 =		•	0		X43=	1	OR	X86=	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT		•			+145=	†	1	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	╂	OR	TOTAL	806
CLAIMS AS AMENDED - PART II , OTHER THAN												<u> </u>
10-18-06 (Column 1) (Column 2) (Column 3) SMALL ENTI										OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.20	Minus	-2	2	. —		X\$ 9=		OR	X\$18=	- , .
ME	Independent	. 3	Minus	••• [3			X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							۱ ۱	+145=		OR	+290=	·
								TOTAL			TOTAL ADDIT, FEE	7
	•	(Column 1)		(Colum	n 2)	(Column 3)	_	ADDIT. FEE			AUDII. FEE	
ENT B	1-11-07	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	.22	Minus	·· 20	2	• /		X\$ 9=		OR	X\$18=	
	Independent	• 3 .	Minus ••• 3			7	11	X43-	<u> </u>	OR	X86≈	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							' [+145=		OR	+290=	
								TOTAL DOIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	ŀſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		•		X\$ 9=		OR	X\$18=	
	ind p ndent	•	Minus	***		•		X43≈		OR	X86≃	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								·		.000	
	* If the entry in column 1 is less than the entry in column 2, write "0" in c. lumn 3, ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+290= TOTAL	
	the "Highest Nu	nber Previously Pal mber Previously Paid ber Previously Paid	d For IN THIS	S SPACE is	less than	3, enter "3."	~	TOTAL DOIT, FEE no by the app	propriate box		DOIT. FEE	

Application or Docket Number